## SUPPLEMENTAL INFORMATION FOR ECONOMIC HARDSHIP DEFERMENT

Please complete in ink. Form will be rejected if any information is crossed out or whited out.

Name	PID:	Loan Type:		
Address		Lending Institution: UCSD		
Home Phone ( ) Work Phone ( ) Cell Phone ( ) Email	Dates Requested (MM/DD/YY): Begin Date: End Date:	Mail form to: UC San Diego c/o ECSI PO BOX 1278 Wexford, PA 15090-1278 Fax: (844) 365-8099		
Please contact ECSI for further information or o	clarification: (888) 549-3274 or https://hea	artland.ecsi.net		
Section A: Select the option that applies to you  ☐ I have been granted an economic hardship deferment under either the Federal Direct Loan Program or the Federal Perkins Loan Program FROM				
•	f your gross income from all sources ( RECEIVE THE BENEFITS FOR THI	(e.g. paystub) which SHOWS		
I understand that:				
I am not required to make payments of loan	principal or interest during my defermen	t, if approved.		
My deferment will begin on the later of the	date I became eligible or the date that I re	equested.		
My deferment will end on the earlier of the date, or when I am no longer eligible for the		ity, the certified deferment end		

When my deferment expires, my account will enter repayment and start accruing interest.

Unless I am a Peace Corps volunteer, my deferment will be granted in increments of 6 months. If I continue to be eligible for an economic hardship deferment after 6 months, I may reapply, subject to the cumulative maximum.

I certify tha	nt:			
	The information I have provided on this form is true	and correct.		
	I will provide additional documents to my loan holder, as required, to support my deferment eligibility.			
	I will notify my loan holder immediately when my el	igibility for the deferment ends	3.	
	I will notify my loan holder of any changes in my na	tify my loan holder of any changes in my name, address, telephone number, email or social security number		
Borrower's	Signature:	Date	(MM/DD/YY).	

Rev 4/3/18

